

## STATE DE ARIZONA AS A PARTICIPATING CANDIDATE

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OFFICE USE ONLY

Pursuant to Arizona Revised Statutes \$\$16-947 and 948 and AAC R2-20-104 (D)

	☐ Initial Application ☐ Amended Application	5158493011	
	NAME OF CANDIDATE  ADDRESS (NUMBER & STREET)	OFFICE SOUGHT (include Legislative District, if applicable)	
	6040 E. Jenan tor.	SCOTSdale STATE ZIP SSOSY	
I	MAILING ADDRESS (if different from above)	SCOTTSONLE STATE ZIP 373	
	1 480 491 7178 Trunk 10104 777	CANDIDATE'S E-MAIL ADDRESS  ROSCHIOLO ACLICUM	
	CANDIDATE'S PARTY AFFILIATION (If any)		
	NAME OF CANDIDATE'S COMMITTEE  POSCI +1 3004		
	COMMITTEE'S ADDRESS	SCOHEdale AZ 85254	
1	COMMITTEE'S PHONE #   COMMITTEE'S FAX #   602750 32 33   40647	72.1 ROSOTICOROADL COM	
	NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS	S (IF APPLICABLE) (A.R.S. §16-948)	
	DESIGNATED INDIVIQUAL'S ADDRESS	CITY STATE ZIP	
	DESIGNATED INDIVIDUAL'S TELEPHONE # DESIGNATED INDIVIDUAL'S FA	AX# DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)).			
	DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate State as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.		

CCEC-003-APP/CERT-08/28/01

Candidate's signature: